



AUTHORIZATION TO RELEASE ACCIDENT / INCIDENT REPORTS

The undersigned individual does hereby authorize the Lynchburg Police Department to release or forward the following Accident / Incident Report to the Requester listed below:

Report #: _____

Name: _____

Address: _____

Print Name: _____

Requesters Printed Name

Date

Requesters Signature

NOTARY PUBLIC:

City of _____

State/Commonwealth of _____

The foregoing instrument was acknowledged before me this ____ day of _____,

_____ by _____.

Requesters Printed Name

Notary Public Printed Name

Notary Public Signature

My commission expires: _____

Notary Registration number: _____

Seal:

The Lynchburg Police Department
Phone: 434-455-6069
Fax: 434-847-1526